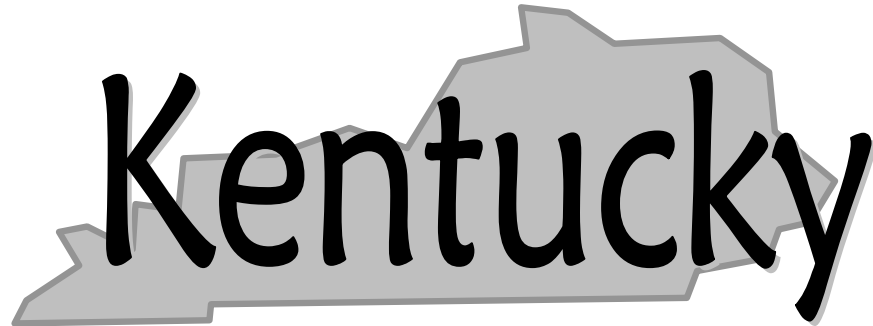


# **2010 ANNUAL SURVEY OF LICENSED PRIVATE DUTY NURSING AGENCIES**



**January 1 through December 31, 2010**

**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF HEALTH POLICY  
275 EAST MAIN STREET 4 W-E  
FRANKFORT, KY 40621**

Completion required by 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125

# **2010 ANNUAL SURVEY OF LICENSED PRIVATE DUTY NURSING AGENCIES**

## **INTRODUCTION**

The Annual Survey of Licensed Private Duty Nursing Agencies Survey is now required to be completed and submitted via the internet. The printable version of the survey is for your convenience in completing the survey on paper before submitting the data online. The survey may be submitted on the following website: **<https://apps.chfs.ky.gov/OHPSurvey/Default.aspx>**.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, 2011. All survey extension requests must be approved by the Office of Health Policy. Policies regarding data submission and changes to data can be reviewed on the OHP website: **<http://chfs.ky.gov/ohp/>**.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of the Inspector General for a licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Sheena Lewis Eckley (502) 564-9592 or email [sheena.lewis@ky.gov](mailto:sheena.lewis@ky.gov).

## **REPORTING PERIOD**

- Report data for the annual period, **January 1 through December 31, 2010.**

## GENERAL INSTRUCTIONS

### PLEASE READ THIS PAGE CAREFULLY AND THOROUGHLY

The Cabinet for Health Services is collecting Private Duty Nursing data for the January 1 through December 31, 2010 survey period. The survey consists of two sections, **to collect data from private duty nursing services only**. Do not report data related to Homecare, Hospice, or any other program in the survey. Please report the required data by the following definitions for each section.

#### SECTION 1

##### **Agency Census, Admissions & Discharges January 1, 2010 - December 31, 2010**

- Beginning Census - Enter the number of unduplicated patients admitted for services as of **January 1, 2010**, by county. (Patients carried over from 2009)
- Admissions During 2010 - Enter the total number of admissions made from **January 1, 2010 to December 31, 2010**, by county **including re-admissions**.
- Discharges During 2010 - Enter the number of total discharges **including deaths** made from **January 1, 2010 to December 31, 2010**, by county.
- Ending Census - Enter the number of unduplicated patients admitted for services as of **December 31, 2010**, by county.  
(Beginning Census + Admissions - Discharges = Ending Census).

#### SECTION 2

**Number of Patients Served by Age Group by County:** Count one time each unduplicated patient who received services for Skilled Nursing (RN/LPN) or Nursing Assistant services during the reporting period, i.e., a patient seen during this period should be counted once. Do not include any other staff types. Enter the correct number of patients who received services in the appropriate age group and county. Please be sure to enter data on the correct county line. Leave all other cells blank. The total patients served should not be greater than the beginning census + admissions the Private Duty census.

#### SECTION 3

**Private Duty Nursing Services:** Enter the number of patients who were served by an RN, LPN, or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments.

**Please retain a copy of the survey for your agency's files.** All questions regarding this survey should be directed to Sheena Lewis Eckley at (502) 564-9592 or e-mail [sheena.lewis@ky.gov](mailto:sheena.lewis@ky.gov).

**SECTION 1****Agency Census, Admissions & Discharges January 1, 2010 - December 31, 2010:**

Enter census data for Private Duty Nursing services i.e. Skilled Nursing or Nursing Assistant Services.

<b>COUNTY SERVED</b>	<b>BEGINNING CENSUS</b>	<b>ADMISSIONS</b>	<b>DISCHARGES</b>	<b>ENDING CENSUS</b>
«COUNTY1»				
«COUNTY2»				
«COUNTY3»				
«COUNTY4»				
«COUNTY5»				
«COUNTY6»				
«COUNTY7»				
«COUNTY8»				
«COUNTY9»				
«COUNTY10»				
«COUNTY11»				
«COUNTY12»				
«COUNTY13»				
«COUNTY14»				
«COUNTY15»				
«COUNTY16»				
«COUNTY17»				
«COUNTY18»				
«COUNTY19»				
«COUNTY20»				
«COUNTY21»				
«COUNTY22»				
«COUNTY23»				

**SECTION 2**

**Number of Patients Served by Age Group by County:** Count one time each unduplicated patient who received Skilled Nursing or Nursing Assistant services during the reporting period. The total patients served should not be greater than the beginning census + admissions.

COUNTY SERVED	AGE <1	AGES 1-5	AGES 6-14	AGES 15-20	AGES 21-32	AGES 33-44	AGES 45-64	AGES 65-74	AGES 75-84	AGES 85+	TOTAL PATIENTS SERVED
«COUNTY1»											
«COUNTY2»											
«COUNTY3»											
«COUNTY4»											
«COUNTY5»											
«COUNTY6»											
«COUNTY7»											
«COUNTY8»											
«COUNTY9»											
«COUNTY10»											
«COUNTY11»											
«COUNTY12»											
«COUNTY13»											
«COUNTY14»											
«COUNTY15»											
«COUNTY16»											
«COUNTY17»											
«COUNTY18»											
«COUNTY19»											
«COUNTY20»											
«COUNTY21»											
«COUNTY22»											
«COUNTY23»											

**SECTION 3**

**Private Duty Nursing Services:** Enter the number of patients who received services for Skilled Nursing or Nursing Assistant services during the reporting period. Report each unit of service in 1 hour increments.

COUNTY SERVED	RN PATIENTS SERVED	RN UNITS OF SERVICE (1 HOUR INCREMENTS)	LPN PATIENTS SERVED	LPN UNITS OF SERVICE (1 HOUR INCREMENTS)	NURSING ASSISTANT PATIENTS SERVED	NURSING ASSISTANT UNITS OF SERVICE (1 HOUR INCREMENTS)	TOTAL RN/LPN/NA PATIENTS SERVED	TOTAL UNITS OF SERVICE (1 HOUR INCREMENTS)
«COUNTY1»								
«COUNTY2»								
«COUNTY3»								
«COUNTY4»								
«COUNTY5»								
«COUNTY6»								
«COUNTY7»								
«COUNTY8»								
«COUNTY9»								
«COUNTY10»								
«COUNTY11»								
«COUNTY12»								
«COUNTY13»								
«COUNTY14»								
«COUNTY15»								
«COUNTY16»								
«COUNTY17»								
«COUNTY18»								
«COUNTY19»								
«COUNTY20»								
«COUNTY21»								
«COUNTY22»								
«COUNTY23»								

# 2010 ANNUAL SURVEY OF LICENSED PRIVATE DUTY NURSING AGENCIES

## CERTIFICATION OF DATA

On behalf of the administration of «NAME», I certify that the information in this survey is complete and accurate. After reviewing the information in this survey, I hereby submit it as an official record of the agency's activity for use in the state health planning process.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail Address: (REQUIRED) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: (REQUIRED) \_\_\_\_\_

**NOTICE:** Please review the data entered on this survey. Check that all questions have been answered accurately and in full. Refer to the instructions for each section if you have any questions. If any part of this survey is still not clear to you, please call Sheena Lewis Eckley at (502) 564-9592 before submitting the survey. It is important to complete this survey accurately by the deadline in order to be in compliance with licensing and certificate of need requirements. Failure to submit data timely and correct may result in the Office of the Inspector General being contacted regarding a licensure deficiency. Once data have been received, edited, and published by this office, no change will be made in the published report.

Policies regarding data submission and changes to data can be viewed on the OHP web site: <http://chfs.ky.gov/ohp>. By submitting this data you are certifying it is correct. All surveys must be submitted on the following website: <https://apps.chfs.ky.gov/OHPSurvey/>. Paper copies are no longer accepted as an official submission.